EXHIBIT C

In the Matter Of:

UNITED STATES vs STATE OF GEORGIA

NO. 1:16-cv-03088-ELR

WENDY W. TIEGREEN

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accountability to some of those contracts.

Q Would that include contracts with Apex providers?

A I can't say for sure. I've not looked at any of that specific detail. We have a vast line of business, so I just -- I'm not attuned to what the specific priorities are of that, that small group right now.

Q Do you know who within your office would have knowledge about performance reviews in connection with Apex contracts?

A Well, certainly Melissa Sperbeck would. And then there's a team up underneath her. But I think that would be the best name for accountability.

Q So stepping back from that question, more broadly could you just describe your duties currently in this role as director of Medicaid and Health Systems Innovation?

A Sure. So basically there are what I bucket into kind of three large areas: One, Medicaid. The creation of Medicaid partnerships.

So from DBHDD we do not have role in federal law as a Medicaid authority. The Medicaid agency, the Department of Community Health, holds

that responsibility. And so when we want to implement a program that might have an impact to Medicaid beneficiaries who we serve, then we would work with the Department of Community Health to negotiate the pathway for that, and there are a myriad of Medicaid mechanisms that would facilitate that. So that's one bucket.

The second bucket, Health System Innovation, is really to kind of consider emerging health practices that are beneficial to individual's DBHDD serves and to consider whether or not there might be some development, and then research and commitment to embarking on maybe the creation of a pathway for that innovation.

And then third, in my role just kind of as being around for a really long time, I serve as the editor for the community-based behavioral health provider manual. So the final editor.

So, again, as I indicated, there are lines of business where -- like the Office of Children, Young Adults and Families, if they want to make a policy change in the community-based manual, they propose that and then that information comes through me. It's more of a standardization, single voice writing kind of model for them to then bring that

more communicative system but they do not take any direction or lead from us in those dialogues. It's more -- I call it -- it's more about kind of creating global access, collaboration, engagement, across different payors who may have different policy.

Q Is it accurate to say that the CMOs are contractors of the Department of Community Health in Georgia?

A That is correct.

Q So DCH has authority over the CMOs; is that correct?

A Yes.

Q Do you in your capacity at DBHDD ever provide feedback on the contracts between DCH and the CMOs?

A No. Not feedback on the contracts per se. If we hear, for instance, that a young person has certain coverage and there's an access challenge, we'll refer that to the Medicaid agency. But in terms of feedback on the contracts, rarely, if ever.

Q So you wouldn't be shaping the CMOs' responsibilities under the contract with DCH for reimbursing behavioral health services, correct?

A No.

MS. HERNANDEZ: Thank you.

MR. HOLKINS: You're welcome.

THE VIDEOGRAPHER: Off the record at 10:22.

(A recess was taken.)

THE VIDEOGRAPHER: Back on the record at 10:30.

BY MR. HOLKINS:

Q Ms. Tiegreen, we were discussing still your resume, which is Exhibit 137. I have some more questions for you.

First, going back to the DBHDD program manual, is it accurate to say that the authority for designing and defining the services in DBHDD's program manual rests with DBHDD?

A It is -- it is -- it rests with us. However, it is strongly influenced by Medicaid practice parameters and the bounds of some those parameters.

Q Could you describe practically what that means, the influence of Medicaid parameters on DBHDD's program manual?

A So, for instance, Medicaid does not allow billing in a residential setting greater than 16 beds. So you'll see several references throughout

our manual that you can bill Medicaid if it's within these parameters.

So that's a concrete example.

Q That's helpful.

So you're designing services within the boundaries established under Medicaid for receiving reimbursement for the service?

A Correct.

Q And do any other agencies beyond DBHDD have responsibility for designing the behavioral health services in DBHDD's program manual?

A No.

Q Do agencies outside of DBHDD have involvement in designing the services in DBHDD's program manual?

A I would --

MS. HERNANDEZ: Object. Sorry.

You can answer.

A I would just say rarely. I would just say rarely.

If another agency came to us and had some ideas or interest, we would kind of have those dialogues separate and be coordinating and collaborating, but they wouldn't be saying I'm coming to influence the manual.